CLAIMS

1. A minimally invasive surgical method, comprising:

forming an incision through tissue located adjacent to a vertebra in a patient's spinal column;

identifying a muscle plane;

inserting a substantially planar blunt tip of a tool through the incision while manipulating the blunt tip along the muscle plane extending between the incision and the vertebra to separate the muscles.

2. The method of claim 1, wherein the longissimus thoracis and multifidus muscles are separated.

3. The method of claim 1, wherein the incision is a minimally invasive percutaneous incision.

4. The method of claim 1, further comprising inserting a guide wire through a lumen extending through the tool.

5. The method of claim 4, wherein the guide wire extends into the vertebra.

6. The method of claim 4, further comprising removing the tool from the guide wire such that the guide wire extends between the incision and the vertebra.

7. The method of claim 6, further comprising delivering a spinal anchor along the guide wire and implanting the spinal anchor in the vertebra.

8. The method of claim 6, further comprising inserting a plurality of dilators over the guide wire to dilate tissue surrounding the guide wire.

9. The method of claim 8, further comprising inserting a cannula over the plurality of dilators and removing the dilators.

10. The method of claim 9, further comprising delivering a spinal anchor through the cannula.

11. A minimally invasive surgical method, comprising:

making a first incision in a patient;

inserting a blunt tip of a tool through the first incision and manipulating the blunt tip to create a first pathway from the first incision, between a muscle plane, to a first

site on a first vertebral body;

advancing a guide wire through the tool to position a distal end of the guide wire adjacent the first site.

12. The method of claim 11, further comprising removing the tool and advancing a first implant along the guide wire to the first site on the first vertebral body.

13. The method of claim 12, further comprising placing a fixation element through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway, and coupling a portion of the fixation element to the first anchor.

14. The method of claim 11, further comprising:

making a second incision in a patient;

inserting a blunt tip of a tool through the second incision and manipulating the tool to create a second pathway from the second incision, between a muscle plane, to a second site on a second vertebral body; and

advancing a guide wire through the tool to position a distal end of the guide wire adjacent to the second site.

15. The method of claim 14, further comprising removing the tool and advancing a second implant along the second pathway to the second site on the second vertebral body.

16. The method of claim 15, further comprising placing a fixation element through the first pathway and coupling a portion of the fixation element to the first and second implants.

17. The method of claim 16, wherein the fixation element is inserted through the first pathway in an orientation substantially parallel to a longitudinal axis of the first pathway.

18. A dissection tool for separating muscles, comprising:

a rigid elongate tube adapted for percutaneous delivery and including a proximal handle and a distal end;

a lumen extending between the proximal and distal ends of the tube and sized to receive a guide wire; and

a blunt member formed on the distal end of the tool and configured to separate muscles along a muscle plane while minimizing trauma to the muscles.

19. The dissection tool of claim 18, wherein the blunt member comprises a generally planar rectangular-shaped member.

20. The dissection tool of claim 19, wherein the blunt member includes opposed substantially planar surfaces, and wherein a width between the surfaces decreases in a distal direction.

21. A medical device kit, comprising:

a tissue dissection tool have a blunt member formed on a distal end thereof and adapted to separate muscles along a muscle plane while minimizing trauma to the muscles, the tissue dissection tool including a lumen extending therethrough;

at least one guide wire adapted to be disposed through the lumen in the tissue dissection tool; and

at least one spinal anchor adapted to be implanted in a vertebral body.

22. The kit of claim 21, further comprising at least one cannula adapted to provide a pathway from a tissue surface to a vertebral body for delivering a spinal anchor to the vertebral body.

23. The kit of claim 22, further comprising at least one spinal fixation element adapted to couple to and extend between at least two spinal anchors.

24. The kit of claim 21, wherein the at least one spinal anchor comprises a bone screw having a rod-receiving head formed thereon.